



ALLEGANY COLLEGE OF MARYLAND
CENTER FOR CONTINUING EDUCATION & WORKFORCE DEVELOPMENT
REGISTRATION FORM



MAIL TO: Registration Specialist | Allegany College of Maryland
Center for Continuing Education & Workforce Development
12401 Willowbrook Road, SE | Cumberland, MD 21502-2596
PHONE: 301-784-5341 | FAX: 301-784-5023

Make checks payable to: Allegany College of Maryland
(Payment must accompany this registration)

SOCIAL SECURITY # (optional) LAST NAME FIRST MI

STREET ADDRESS

CITY OR TOWN COUNTY STATE ZIP CODE

Birthdate grid with fields for MONTH, DAY, YEAR

HOME PHONE CELL PHONE

() Male () Female

BUSINESS PHONE EMAIL ADDRESS

Signature Date

I certify that the information on this form is correct. Must be signed and dated to be official. By signing this form, I agree to abide by the policies and procedures of the College, including without limitation, the Student Code of Conduct.

Allegany College of Maryland prohibits sexual misconduct and sex discrimination by or against all students, employees, and campus guests. If you have any questions or concerns or if you need to make a complaint, contact ACM's Title IX Coordinator, Dr. Renee Conner in CC-152, by email at rconner@allegany.edu, or by phone at (301) 784-5206. For detailed information about policy, procedures, and prevention education, see www.allegany.edu/titleIX.

Table with 5 columns: COURSE #, COURSE TITLE, BEGIN DATE, TIME, COURSE COST. Includes a TOTAL COSTS row.

If your employer is paying, please provide the information below:

AGENCY'S NAME CONTACT PERSON

STREET ADDRESS CITY OR TOWN STATE ZIP CODE

TELEPHONE NUMBER FAX NUMBER

FOR CREDIT CARD USE ONLY () Visa () Mastercard () Discover
Account No.
Date of Expiration V. Code

REGISTRATION OFFICE USE ONLY
Amount Paid
Cash Credit Card
Check Bill To
Date Received Initials